

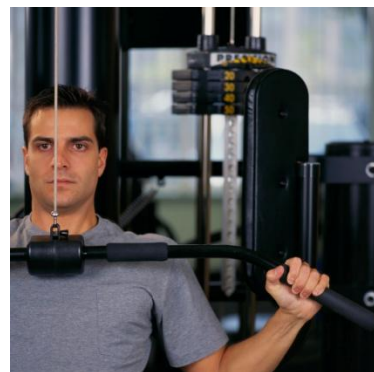
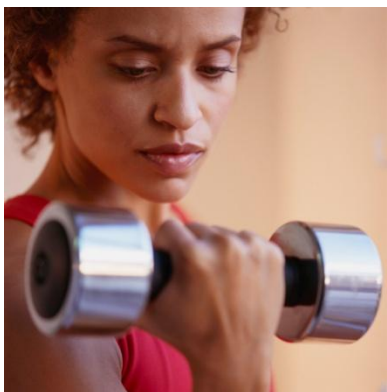


FIT FOR LIFE

Civilian Fitness Program



Register Today!



For More Information
Contact Tracey L. Briggs
DFMWR Fitness Coordinator
DSN 736-3340



Welcome to the “Y” Fit for Life Civilian Fitness Program!

You are embarking on the first step in realizing your own personal level of fitness and insuring a lifetime of health and overall wellness. Life is measured by what we put into it and the quality of our days vastly improves when we dedicate time and effort to better ourselves through healthy activities. The “Y” Fit for Life Program is designed to get you started and the path to a better you begins here!

Your first step is to print and complete this Baseline Information (10 page) Packet. The Physician Clearance Form must be completed, dated, stamped by your physician, and included when you submit your packet.

Open registration for Y Fit For Life will be from Tue Sept. 1 to Tues Sept. 15, 2009. I will accept completed packets at my office, BLDG 5200 - Collier Field House, Lobby Room 12, beginning on September 1, 2009 at 0800 and no later than Tuesday, September 15, 2009, 1600 hours. Please call 736-3340 before delivering your paperwork to insure that I am in my office to receive your packet.

Registration will be limited to 50 participants for this session and late packets will not be accepted for Class #10/09. Registration will close if the cap is achieved prior to September 15, 2009. So register early!

You will be notified via e-mail of your initial assessment date once all packets are processed and you will be given details on how to prepare. If you have any questions, please do not hesitate to contact me at DSN 736-3340.

Sincerely,

Tracey L. Briggs

**Tracey L. Briggs, AFAA-CPT, FC
USAG-Yongsan DFMWR Fitness Coordinator**

**“Y FIT FOR LIFE”
Civilian Employee Fitness Promotion Program**

Health History Form

1. Date: _____

2. Name: _____ **Age:** _____

3. Emergency Contact: _____

(Name and home and cell phone number, including area code)

4. Resting Blood Pressure _____ / _____ **(if known)**

5. Past and Present Personal Health History (Check all that apply)

| | |
|--|---------------------------------------|
| ____ Disease of the Heart and Arteries | ____ Abnormal Electrocardiogram (EKG) |
| ____ High Blood Pressure | ____ Angina Pectoris (Chest Pain) |
| ____ Epilepsy | ____ Stroke |
| ____ Anemia | ____ Abnormal Chest X-ray |
| ____ Cancer | ____ Asthma |
| ____ Other Lung Diseases | ____ Orthopedic or Muscular Problems |
| ____ Diabetes (Type I or II) | ____ Other |

If any of the above items are checked, please explain further and indicate any recommendations your doctor has made regarding exercise:

6. Your Level of Physical Activity

Yes____ **No**____ **Are you currently involved in a regular aerobic exercise program such as walking, jogging, cycling, swimming, group fitness classes, etc?**

If yes: How many sessions per week _____ **for** _____ **mins per session**

Yes____ **No**____ **Are you currently participating in weight training?**

If yes: How many sessions per week _____ **for** _____ **mins per session**

Yes____ **No**____ **Do you perform stretching exercises?**

If yes: How many sessions per week _____ **for** _____ **mins per session**

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What describes your level of physical activity during the past 4-6 weeks?

Circle One: Very Active Moderately Active Occasionally Active Inactive

7. Please indicate any additional health history/medical information that we may have not covered in this survey, which you think is important for us to know prior to your fitness testing and evaluation or the start of your exercise program:

8. Yes ____ No ____ Is there a family history of:

Heart Disease, Hypertension, Stroke, Diabetes, Heart Failure, Lung Disease, or Epilepsy?

If YES, please provide information regarding which relative, the medical problem, and the age at onset or death:

9. Yes ____ No ____ Do you currently smoke? IF YES, how many cigarettes per day? ____

If you smoked in the past, when did you quit? _____

10. Yes ____ No ____ Are you currently taking medication prescribed by a physician?

If, YES, indicate name of medication, dosage and reason for taking it:

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Physical Activity Readiness Questionnaire (PAR-Q)

Name _____ Date _____

DOB ____/____/____ Age ____ Home Phone _____ Work or Cell _____

Regular exercise is associated with many health benefits yet any change of activity may increase the risk of injury. Completion of this questionnaire is the first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly: (Circle Yes or No)

Yes / No 1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?

Yes / No 2) When you do physical activity, do you feel pain in your chest?

Yes / No 3) When you were not doing physical activity, have you had chest pain in the past month?

Yes / No 4) Do you ever lose consciousness or do you lose your balance because of dizziness?

Yes / No 5) Do you have a joint/bone problem that may be made worse with physical activity?

Yes / No 6) Is a physician currently prescribing medications for a blood pressure or heart condition?

Yes / No 7) Are you pregnant?

Yes / No 8) Do you have insulin dependent diabetes?

Yes / No 9) Are you 69 years of age or older?

Yes / No 10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered YES to any of the above questions, be sure to discuss these concerns specifically with your doctor when you *obtain your physician's clearance prior to becoming more physically active*. Tell your doctor your intentions to exercise and discuss the above questions you answered yes to. If you honestly answered NO to all the questions, we can be reasonably confident that with a physician's clearance you may safely increase your level of physical activity in a gradual manner. If your health changes during your program and you would answer YES to any of the above questions, seek guidance from a physician.

Participant's Signature _____ Date _____

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Physician Clearance Form

Please return this form to Tracey L. Briggs, BLDG 5200 Lobby Room #12. E-mailed and faxed forms are unacceptable. This form must be signed, dated and stamped by your physician.

Name_____ Phone_____

Street Address_____ City_____ State_____ Zip_____

To the physician: The individual named above has applied to participate in the **USAG-Yongsan “Y” Fit for Life Civilian Fitness Program**. The program will involve a pre and post fitness assessment that may include bioelectrical impedance analysis (BIA) of body composition, Blood Pressure testing, dynamic strength test (1 minute timed push-ups), absolute strength test (1RM Seated Bench Press and Seated Leg Press on a selectorized machine). The actual program will be 3 times per week in 1 hour blocks for a total of 78 hours over 6 months (28SEP09-26MAR10). Guidance will be provided on exercise program implementation, nutrition, and cardiovascular exercise, but the actual level of exertion achieved during the program will be determined by the participant.

Please complete the following:

I have examined_____ on_____.
(Client’s name) (Date of most recent exam)

I have found the following:

_____he/she may participate fully in a physical activity program consisting of cardiovascular, strength, and flexibility training without limitation.

_____he/she may participate in a physical activity program with the following limitations (please include a brief description of any medical condition which might affect his/her program with appropriate guidelines):

_____he/she should not participate in any physical activity program at this time without first consulting a physician for further testing and guidance.

If your patient is on any medication “that” may affect the heart rate or blood pressure response to exercise (elevating or suppressing) please indicate here:

Physician’s Signature/Stamp_____ Date_____

Please note: *This record must be stamped with the physician’s official stamp or be accompanied by a typed letter on the physician’s letterhead documenting that an evaluation has been performed on the named patient. The Physician Clearance Form will not be accepted without such proper verification.*

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Informed Consent Form

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written medical/health history, taking a battery of exercise tests, and participating in a variety of physical activities. The testing purpose is to determine your initial level of physical fitness and health status. All exercise testing and physical activity sessions are voluntary and may or may not be supervised and monitored by trained physical fitness specialists. The 6 month long program could include, but is not limited to, walking, running, weight training, spinning, yoga, gravity, and Callisthenic exercises performed either outdoors or in a fitness facility.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat-related illness, abnormal heart beats, and abnormal blood pressure, and in some instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and First Aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete Health/Medical History information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity. I understand that FMWR/ Physical Fitness Specialists have reviewed my Health History form and when appropriate, make recommendations for me to modify my participation in physical activity during the course. I understand that it is my responsibility if I choose not to follow these recommendations.

In consideration of my application being accepted, I hereby, for myself, my heirs, personal representatives and executors waive, release and forever discharge and all rights and claims for loss or damages which I may have or hereafter accrue to me against the organizers and sponsors, for any and all injuries which might be suffered by me in this assessment. I attest and verify that I am able to start and complete this fitness assessment.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal responsibility.

PARTICIPANT’S SIGNATURE _____ Date _____

Fitness Specialist (FS) Recommendations:

Fitness Specialist’s Name (printed) _____ **Date** _____

_____ Assessment Approved.

The FS reviewed and approves participant’s health history and Physician’s Clearance.

_____ Assessment is modified based on a Physician’s recommendation.

The FS acknowledges that you should modify your participation in physical activity during the assessment so that you do not aggravate any existing medical condition.

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Employee Agreement

* Make 2 copies of this signed form. Retain one copy of this form for your records, leave one copy in this packet and return the original signed form to your supervisor. You are not enrolled until you are medically cleared for the assessment and complete the assessment to satisfactory standards.

Please print all items below legibly!

Name of Employee: _____ Email: _____

Name of Supervisor _____ E-mail _____

Organization _____ Work Phone: _____ Cell _____

Work (Physical) Address: BLDG _____ Work Mailing Address _____

AGREEMENT

1. We understand and agree that (employee name): _____ will be participating in the command-sponsored “Y” Fit for Life **CFP (Civilian Fitness Program)** for 3 one-hour sessions each week for a total of 78 hours over the consecutive 6 month period beginning on: **Monday 28 Sep 2009** and ending **Friday 26 Mar 2010. The initial and post assessments (Tuesday, September 22, 2009 and Thursday March 18, 2010) will be a half-day from 0800 to 1100 or 1300 to 1600 and is not figured into the 78 total hours.** We understand and agree that the specified exercise location will be the place of duty during authorized periods, as follows: exercise periods will be on Monday/Wednesday/Friday from 1230 to 1430, at Collier Field House, USAG- Yongsan South Post

The actual exercise period is 1300 to 1400 and the ½ hour on either side of 1300-1400 is to allow for arrival/dressing-out and shower/departure time.

2. We also understand and agree that the following are examples that may be individually amended or deleted according to the sponsoring Commander's/ Supervisors guidance. (This list is not necessarily all-inclusive).

- Exercise days, times, and/or locations may be periodically amended only with prior approval of the Commander/Supervisor, and amendment of the agreement.
- **Unused exercise hours may not be carried forward to subsequent weeks.**
- The program end date will not be extended to make up for exercise periods missed because of **LEAVE, TEMPORARY DUTY**, or other reasons.
- No additional duty time is automatically authorized, as part of this program, i.e., Exercise Preparation (e.g. **Changing Clothes**) prior to exercise, **Personal Hygiene** or **Cool Down** following exercise periods since it is already programmed in.
- Specified exercise periods may not be used for non-duty purposes. Any period or portion thereof not used in actual fitness training and exercise will be spent in the normal duty workplace accomplishing job specific duties.
- Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during duty hours, and would be subject to the same disciplinary actions.

3. As a participant, I, the employee will sign-in and out on the exercise days, in the log book located in the lobby of Collier Field House in accordance with procedure set by Tracey L. Briggs, the Fitness Coordinator conducting the exercise program. I agree to maintain and share my electronic workout tracking log with the Civilian Fitness Program instructor by the 7th workday of each month and will make my log available to my employer upon demand.

Signature of Employee _____ **Date** _____

Signature of Supervisor _____ **Date** _____

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MEMORANDUM OF UNDERSTANDING FOR PARTICIPANTS

Return to the USAG Yongsan Fitness Coordinator:
IMKO-ABY-MW
Bldg 5200, Room 12
Collier Field House
APO AP 96205
DSN 736-3340

Name of Employee: _____

Emergency Contact: _____ Phone: _____

AGREEMENT

I, _____, understand that my full participation in the Y Fit for Life Civilian Health and Fitness Promotion Program will require three one-hour sessions each week for a total of 78 hours over the course of six months (28SEP09-26MAR10) unless illness or injury dictate otherwise. I understand that participation will be my place of duty if permitted to attend during working hours.

I hereby agree to hold harmless and release the United States, The Department of the Army, Area II and the Y Fit for Life Civilian Health and Fitness Promotion Program and all their agents and employees from any and all claims and demands resulting from any loss, damage, death, or injury to me or my property that may arise due to my participation in this program.

I understand that some portions of this program may be physically demanding, and I certify that I am in sufficient health to participate in the Y Fit for Life Civilian Health and Fitness Promotion Program.

I have read and understand the requirements of the “Y Fit for Life” Civilian Health and Fitness Promotion Program

Signature of Employee: _____ Date: _____

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MEMORANDUM OF UNDERSTANDING FOR PARTICIPANTS AND SUPERVISORS

Return to the DFMWR Fitness Coordinator:

IMKO-ABY-MW

Bldg 5200, Room 12

Collier Field House

APO AP 96205

DSN 736-3340

Name of Employee: _____

Directorate/Program Number: _____

Name of Supervisor: _____

Building Number: _____ Supervisor Job Title: _____

Supervisor Work Phone Number: _____ Cell _____

Supervisor E-mail address: _____

AGREEMENT

I, _____, the supervisor of the individual stated above, understand that he/she will be participating in the “Y Fit for Life” Civilian Health and Fitness Promotion Program for three one-hour sessions each week for a maximum total of 78 hours over the course of six months. I understand that participation will be the place of duty for the above mentioned individual, and that I agree to allow my civilian employee to attend during working hours for a time frame beginning 28 September 2009 and ending 26 March 2010. I also understand that the exercise periods are official duty time. Failure to use exercise time appropriately, or misconduct during these periods would be considered workplace infractions that would be subject to the same disciplinary actions. I also am aware that unused exercise hours of the participant may not be carried forward to subsequent weeks or be used for any non-duty purpose.

EMPLOYEE/ PARTICIPANT _____
Signature Date

APPROVE/ DISAPPROVE _____
Signature (Supervisor) Date

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LIABILITY WAIVER

Please complete and return to the DFMWR Fitness Coordinator:

IMKO-ABY-MW

Bldg 5200, Room 12. Collier Field House

APO AP 96205

DSN 736-3340

Name: _____ Work Telephone: _____

Office Symbol: _____ E-mail address: _____

Emergency Contact: _____ Telephone: _____

I desire to engage voluntarily in exercise classes sponsored by the “Y Fit for Life” Civilian Employee Health and Fitness Promotion Program in order to improve my physical fitness. I know that I am required to fill out the Baseline information Packet to include the Physical Activity Readiness Questionnaire (PAR-Q) and obtain a Physician’s Clearance before I begin to exercise. This information will be utilized to help identify cardiac risk or other reasons why I should not participate before ever starting the exercise program.

I realize that the program may help me evaluate my lifestyle and may improve the quality of my present lifestyle. I understand that active participation in any exercise program could result in injuries that may include but are not limited to, strains, sprains, breaks, loss of eyesight, concussions, partial or total paralysis, heart attacks and even death. I also understand that my participation is not considered work activity and therefore injuries sustained during such activity cannot be claimed under Worker’s Compensation. This is to certify that to the best of my knowledge, my present physical condition will permit my participation in any and/or all of the classes I attend. I understand that at times I may be participating in this program without supervision and I choose to participate in this program of my own free will and accept all elements of risk involved in Employee Health Promotion Program and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damage, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the program.

Information obtained through the “Y Fit for Life” Civilian Employee Health and Fitness Promotion Program will be treated as privileged and confidential and will consequently not be released or revealed to any person outside the “Y Fit for Life” staff without my expressed written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as it does not identify me or provide facts that could lead to my identification. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor. Participation in this program is for my benefit and I understand it is not for the benefit of the USAG-Yongsan. I have read and understand the above statements.

Printed Name: _____

Signature: _____ Date _____